MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

64556

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Madison Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 19 Madison Ave.,

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) Albert

4. DATE OF DEATH (Month) 4 (Day) 15 (Year) 52 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH April 7, 1870

9. AGE last birthday 82 yrs. If under 1 year: Months 0 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired employee

10b. KIND OF BUSINESS OR INDUSTRY W.M. R.R.

11. BIRTHPLACE (State or foreign country) W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George W. Albert

14. MOTHER'S MAIDEN NAME Eliza Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs. Lottie Huyett Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular Hypertension — INTERVAL BETWEEN ONSET AND DEATH 3-4 years

44 Antecedent cause(s) Disease -

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to April 15, 1952, that I last saw the deceased alive on 4/14, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Victor D. Miller (Degree or title) DR. VICTOR D. MILLER ADDRESS 44 W. WASHINGTON ST. HAGERSTOWN, MD. DATE SIGNED 4/15-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 4-18-52 NAME OF CEMETERY OR CREMATORY Rose Hill LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Apr. 16 1952 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
APR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11557 Dr. R. Young

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 24 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 112 Ray St.

3. NAME OF DECEASED: (First) BERTHA (Middle) FURY (Last) ALDER
4. DATE OF DEATH: (Month) April (Day) '22 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	June 1, 1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME: John Fury
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No ---	None	William Alder Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Apoplexy	2 Days
334X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20/52, 20....., to 4/25/52, 19....., that I last saw the deceased alive on 4/22/52 19....., and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE C. L. Young (DEGREE OR TITLE) M.D. ADDRESS William St. Hagerstown, Md. DATE SIGNED 4/25/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/25/52	Boonsboro Cemetery	Boonsboro Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 25, 1952	Beatrice Bowers	Andrew K. Coffman	Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Adv. 8-51

RECEIVED
APR 29 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04558

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 hrs.
HOSPITAL ~~OR INSTITUTION OR STREET ADDRESS~~ Hagerstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Smithsburg Md #2

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Harrison (Last) Bachtell
4. DATE OF DEATH (Month) April (Day) 16 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH Oct. 26, 1888
9. AGE last birthday 63 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Retired Rail Road
11. BIRTHPLACE (State or foreign country) Edgemont Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Cyrus Bachtell
14. MOTHER'S MAIDEN NAME Sarah Suter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Lelia Bachtell Smithsburg Md #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	3 hours
Antecedent cause(s) 421.0 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Congestive Heart Failure	3 yrs.
	(c) Mitral Insufficiency	5 yrs +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1950, to 16 Apr, 1952, that I last saw the deceased alive on 16 Apr, 1952, and that death occurred at 4:52 p.m., from the causes and on the date stated above.

SIGNATURE J D Wilson (Degree or title) M.D. ADDRESS Smithsburg, Md. DATE SIGNED 4/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/19/52
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) Cascade (State) Md.

DATE REC'D BY LOCAL REG. 4/19/1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Walter Y. Grove, ADDRESS Waynesboro Pa

Rec'd from George W. Ferguson Local Registrar

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
APR 22 1952
BUREAU K. S.

Dr. Binford
(4559)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 448 Summit Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 448 Summit Ave.

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Hilton (Last) Barney

4. DATE OF DEATH: (Month) Apr. (Day) 26, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 16, 1883

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Gaineetown, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Algernon Barney

14. MOTHER'S MAIDEN NAME: Lona Gaines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Robert H. Barney

18. MEDICAL CERTIFICATION — Ft. Worth, Texas

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Cerebral hemorrhage. — Interval between onset and death: 4 days

420.0

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO Hypertension, arteriosclerotic heart disease Yrs.

(c) DUE TO Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23, 1952, to 4-26, 1952, that I last saw the deceased alive on 4-25, 1952, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE: Richard T. Binford — (DEGREE OR TITLE) M.D. — ADDRESS 1135 Potomac Ave Hagerstown, Md. — DATE SIGNED 4-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Apr. 28, 1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Apr. 28, 1952 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerstown, Md.

RECEIVED
APR 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 44560

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 674 Penna. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 674 Penna. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Alvey (Middle) Susan (Last) Barthlow

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 2, 1892

9. AGE last birthday: 59 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Martinsburg W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dennis Butts

14. MOTHER'S MAIDEN NAME: Sarah Jane Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Emma L. Williams Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: 2 months
420.1
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation — 2 months Certain

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 52, to April 30 19 52, that I last saw the deceased alive on April 9 19 52, and that death occurred at 12:00 noon m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. J. Layman, M.D. ADDRESS Hagerstown, Md. DATE SIGNED May 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 3, 1952

NAME OF CEMETERY OR CREMATORY Southern Methodist

LOCATION (City, town, or county) (State) Martinsburg W. Va.

DATE REC'D BY LOCAL REGISTRAR May 3, 1952

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 561

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 21 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 547 Salem Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 547 Salem Ave.

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) FRANKLEN (Last) BATMAN

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan. 6, 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin F. Batman
14. MOTHER'S MAIDEN NAME: Eva Shank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.: 214-09-5767
17. INFORMANT & ADDRESS: Sallie S. Batman Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 260X	(a) Coronary Occlusion	1 day
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis	10 yrs +
DUE TO		
	(c) Diabetes Mellitus	10 yrs +

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) N
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19 45, to 24 Apr, 1952, that I last saw the deceased alive on 24 Apr 1952, and that death occurred at 9 30 P m., from the causes and on the date stated above.

SIGNATURE F F Lusby (DEGREE OR TITLE) MD ADDRESS 230 N Potomac DATE SIGNED 26 Apr 52

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial
DATE THEREOF 4/28/52
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Maryland

DATE REC'D BY LOCAL REG. Apr. 27, 1952
REGISTRAR'S SIGNATURE Chas H Powers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 29 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ed. Bell

CERTIFICATE OF DEATH

Reg. Dist. No. 338

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 E. Antietam St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 120 E. Antietam St.

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) LAY (Last) BELL

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 7, 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Guessford

14. MOTHER'S MAIDEN NAME: Lay E. Potts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Clyde M. Bell Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Carcinoma of breast — Interval Between Onset and Death: 1 Year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis — 1 Year

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18, 1947, to 4-27, 1952, that I last saw the deceased alive on April 27, 1952, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE R. A. Bell (DEGREE OR TITLE) M.D. ADDRESS Hagerstown, Md. DATE SIGNED 4-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4/30/52 — NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery — LOCATION (City, town, or county) (State) Washington Co Md.

DATE REC'D BY LOCAL REGISTRAR Apr. 30, 1952 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halfway
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Beckely Avenue, Halfway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halfway
STREET ADDRESS (If rural, give location): Beckley Avenue

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) Sommerville (Last) Bennett

4. DATE OF DEATH: (Month) Apr. (Day) 6 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 23, 1900

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months 8 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bentonbille, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel L. Walters

14. MOTHER'S MAIDEN NAME: Dolly Ann Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) NONE

17. INFORMANT & ADDRESS: Renner Bennett, Halfway, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of gallbladder — 1 + yr.

DUE TO

1812 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19 51, to April 4 1952, that I last saw the deceased alive on April 4, 1952, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Richard T. Binford M.D. 1135 Potomac Ave, Hagerstown Md. 4-8-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-9-1952

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Apr. 9. 1952

REGISTRAR'S SIGNATURE: Chas H Towers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

VS. A15—8-51

RECEIVED
APR 14 1952
BUREAU V. S.

04564

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Lusby

CERTIFICATE OF DEATH

Reg. Dist. No. 3-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: p... rite the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 27 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 Mitchel Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 408 Mitchel Ave.

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) RUSSELL (Last) BONNEY

4. DATE OF DEATH: (Month) April (Day) 19, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 1, 1909

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locksmith

10b. KIND OF BUSINESS OR INDUSTRY: SPORT Good Shop

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David B Bonney

14. MOTHER'S MAIDEN NAME: Carrie Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------,

16. SOCIAL SECURITY NO.: 214-09-2015

17. INFORMANT & ADDRESS: Mrs Clara Lay Bonney Hagerstown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Hypertensive Cardio vascular Disease — Interval Between Onset and Death: 6 mo +

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Nov, 1951, to 19 Apr, 1952, that I last saw the deceased alive on 19 Apr, 1952, and that death occurred at 8:05 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) E E Lusby MD — ADDRESS 230 W Prospect — DATE SIGNED 21 Apr 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4/23/52 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Hagerstown Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Apr. 22 1952 — REGISTRAR'S SIGNATURE Chas. H. Howard

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown, Md.

VS-AH 3-51

RECEIVED
APR 24 1952
BUREAU U. S.

Dr William Lehm
04565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 15 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marshall St.	STREET ADDRESS (If rural, give location) Marshall St.

3. NAME OF DECEASED (Type or Print)	(First) ELSIE	(Middle) MAY	(Last) BOWARD	4. DATE OF DEATH	(Month) April (Day) 1 (Year) 1952 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 18 1895	9. AGE last birthday 56 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Woodsboro Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John M. Fogle	14. MOTHER'S MAIDEN NAME Emma Martin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Lloyd E. Boward			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Status Asthmatous — INTERVAL BETWEEN ONSET AND DEATH 72 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 41X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1952, to April 1, 1952 that I last saw the deceased alive on April 1, 1952, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE W. D. Lyman, M.D. (Degree or title) ADDRESS 5 Public Square Hagerstown Md DATE SIGNED April 2 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4-6-52	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown Wash. Co. Md (State)
DATE REC'D BY LOCAL REG. Apr. 3, 1952	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Andrew [illegible] Coffman Hagerstown Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown
LENGTH OF STAY (In this place) 14 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown
STREET ADDRESS (If rural, give location) Box 6

3. NAME OF DECEASED: (Type or Print) (First) Hyatt (Middle) Stanley (Last) Bowers
4. DATE OF DEATH (Month) April (Day) 18 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec 21 1882
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rate Clerk
10b. KIND OF BUSINESS OR INDUSTRY: RR
11. BIRTHPLACE (State or foreign country): Near Bridgeport Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W Bowers
14. MOTHER'S MAIDEN NAME: Maggie H Flora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 323-16-3818
17. INFORMANT & ADDRESS: Miss Llewella M Bowers Cavetown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bilateral & Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH 7 yrs.
DUE TO
526X
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 28, 1946, to Apr 18 1952, that I last saw the deceased alive on Mar 16, 1952, and that death occurred at 2:20 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
H. B. Campbell M.D. 145 W Washington St. Hagerstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/20/52
NAME OF CEMETERY OR CREMATORY Rest Haven
LOCATION (City, town, or county) (State) Hagerstown Md

DATE REC'D BY LOCAL REG. Apr. 19, 1952
REGISTRAR'S SIGNATURE Geo. W. Ferguson
24. FUNERAL DIRECTOR Scott F Minnich & Son ADDRESS Hag. Md.

21-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 23 1952
BUREAU OF S

Item 8 FilmG142 5/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Hagerstown
STREET ADDRESS (If rural, give location) R#2 Conococheague.

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) MAE (Last) BRAGUNIER

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 25, 1878

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wilsons Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Clark

14. MOTHER'S MAIDEN NAME: Mary Brathwaite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Edna M. Marks Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks

260X

DUE TO

Antecedent cause(s) (b) Diabetes, arterio-sclerosis genl, Chronic — 6 M. (?)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Vascular disease-cardiac, obesity, insulin shock.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 26, 1952, to Apr. 25, 1952, that I last saw the deceased alive on Apr. 25, 1952, and that death occurred at 1:55 P.m., from the causes and on the date stated above.

SIGNATURE H. Campbell (DEGREE OR TITLE) M.D. ADDRESS 145 W. Washington St Hagerstown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4/27/52

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown (State) Maryland

DATE REC'D BY LOCAL REG. Apr 27, 1952

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 28 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

68

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 46 Westside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 46 Westside Ave.

3. NAME OF DECEASED (Type or Print) (First) Hampton (Middle) Bruce (Last) Brill
4. DATE OF DEATH (Month) April (Day) 9th (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify) Married
8. DATE OF BIRTH Sept. 19th 1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY W.M.R.R.
11. BIRTHPLACE (State or foreign country) Hampshire W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Lemuel E. Brill
14. MOTHER'S MAIDEN NAME Mary Arnold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Beulah H. Brill 46 Westside Ave. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral & generalized arteriosclerosis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15, 1950, to 4-9, 1952, that I last saw the deceased alive on 4-9, 1952, and that death occurred at 11.45 a.m., from the causes and on the date stated above.

SIGNATURE John S. Homebaker, M.D. (Degree or title) ADDRESS 154 W. Washington St. Hagerstown Md. DATE SIGNED 4-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 12-1952
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. Apr. 12 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

69

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Keedysville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keedysville Bank

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Keedysville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) William (Last) Buxton
4. DATE OF DEATH (Month) April (Day) 21 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 29, 1879
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier in bank
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Keedysville
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Jacob S. Buxton
14. MOTHER'S MAIDEN NAME Amelia Orrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-09-8523
17. INFORMANT Mrs. Grace Buxton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound through head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bank
(CITY OR TOWN) Keedysville (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) 4 (Day) 21 (Year) 1952 (Hour) 8:40 A m.
INJURY OCCURRED While at work XXX Not while at work ☐
HOW DID INJURY OCCUR? Shot self through head with revolver

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 4/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-23-52
NAME OF CEMETERY OR CREMATORY FAIR-VIEW
LOCATION (City, town, or county) Keedysville (State)
DATE REC'D BY LOCAL REG. April 23 52
REGISTRAR'S SIGNATURE R. C. Fleming
24. FUNERAL DIRECTOR R. I. EARNSHAW - Keedysville - Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5A

RECEIVED
APR 25 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 70

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 608 Sunset Avenue

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Anthony (Last) Byers

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	11-19-1890	61 yrs.	5	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
R. R. Engineer	P. R. R. Co.	Edenville, Pa.	U.S.A.

13. FATHER'S NAME: Phillip W. Byers

14. MOTHER'S MAIDEN NAME: Sue Stoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	716-10-1095	Mrs. C. A. Byers, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Meningoencephalitis and aneurysm ruptured	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Lues I	Unknown
	(c) DUE TO	

029X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis Hypertrophic arthritis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: M.
INJURY OCCURRED: While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-26, 1952, to 4-20, 1952 that I last saw the deceased alive on 4-20, 1952, and that death occurred at 5 05 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Robert F. Meade	M D	Hagerstown Md.	4-22-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-23-1952	Stenger Hill Cemetery	Fort Loudon, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 23 1952	Grant H. Bowers	C. M. Suter & Sons,	Hagerstown, Maryland

RECEIVED
APR 25 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17071

Reg. Dist. No. 382

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md.
STREET ADDRESS (If rural, give location) Sharpsburg Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillyan	Katherine	Carnahan	April	17	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	June 10, 1885	66 yrs.	10	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Franklin B. Otto	Mammie Crowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	NO	None	Hustan Carnahan Sharpsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1727 **Immediate cause** (a) Vascular collapse — 15 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Blood loss from pelvic surgery

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-17-'52	Carcinoma of endometrium with broad ligament extension.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-17-52 8 am 1952, to 12:40 P. 4-17-52, 1952, that I last saw the deceased alive on 4-17, 1952, and that death occurred at 12:40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clifton Baptista Jr. M.D.		Hagerstown Md	4-17-'52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 20-52	Mt. View Cemetery	Sharpsburg Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 19 1952	Ethel H. Bowers	Albert L. Leaf	Williamsport Md.

RECEIVED
APR 22 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Dr. Wells

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In hospitals) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1388 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 13 8 Salem Ave.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ELLEN (Last) COYLE
4. DATE OF DEATH (Month) April (Day) 8 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 5, 1952
9. AGE last birthday yrs. If under 1 year Months 3 Days 3 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (State or foreign country) Hagerstown Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ralph Coyle
14. MOTHER'S MAIDEN NAME Mildred Cullers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Ralph Coyle, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intussuscertion(Ileocecal) — 6hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE S. Robert Wells MD, (Degree or title) DEPUTY MEDICAL ADDRESS Hagerstown, Md. WASH. CO., MD. DATE SIGNED April 8 '52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/10/52
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Apr. 10, 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 14 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 30 Salisbury Street

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Cecelia (Last) Davis
4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 20 1863
9. AGE last birthday: 89 yrs. If under 1 year: Months 3 Days 0 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: First Unknown Myers
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: 50 Fairground Ave. Mrs. Bertha Ray, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 24 days

334 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7/52 19....., to 4/21/52 19....., that I last saw the deceased alive on 4/21/52 19....., and that death occurred at 1:17 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] Williamsport Md. [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 23 1952
NAME OF CEMETERY OR CREMATORY: Long Meadows
LOCATION (City, town, or county) (State): Paramont Maryland
DATE REC'D BY LOCAL REG.: Apr 22 1952
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Albert L. Leaf Williamsport Md. ADDRESS

VS-415

RECEIVED
APR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY WASHINGTON; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; LENGTH OF STAY (in this place) 2 WEEKS; HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; STREET ADDRESS (If rural, give location) 1146 CORBETT ST.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) ELIZABETH (Last) DUTROW

4. DATE OF DEATH: (Month) APRIL (Day) 5 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JANUARY 3 1906

9. AGE last birthday: 46 yrs. 3 mos. 2 ds. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSPECTOR - HAGERSTOWN HOSIERY Co.

10b. KIND OF BUSINESS OR INDUSTRY: HOSIERY

11. BIRTHPLACE (State or foreign country): LITTLESTOWN WASH. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROY V. DUTROW

14. MOTHER'S MAIDEN NAME: TINYRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 213-12-7102

17. INFORMANT AND ADDRESS: R.V. DUTROW - 1146 CORBETT ST. HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Abdominal Generalized Carcinomatosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Original site - not determined

(c)

Interval Between Onset and Death: ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-29-52

19b. MAJOR FINDINGS OF OPERATION: Abdominal Generalized Carcinomatosis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2-29, 1952 to April 5, 1952, that I last saw the deceased alive on April 4, 1952 and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS 148 W. Washington St. Hagerstown Md. DATE SIGNED 4/8/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: APRIL 8 1952

NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY

LOCATION (City, town, or county) (State): BOONSBORO WASH. Co. MD

DATE REC'D BY LOCAL REG.: Apr 8, 1952

REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS: WM. F. BAST AND SONS BOONSBORO MD.

VS. A15

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Funkstown H ill

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Emanuel

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sloris, Iowa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Emanuel

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 481-05-4749

17. INFORMANT & ADDRESS: Dr Dennis Emanuel OTTUMWA Iowa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac failure — Interval between onset and death: Few days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
4427
(b) DUE TO Generalized Arteliosclerosis — years.
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis, Pulmonary edema.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
R. L. Binford M.D. 1135 Potomac Ave Hagerstown for Dr. Lloyd Hoffman 214 Potomac 4-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF 4-22-1952

NAME OF CEMETERY OR CREMATORY Bloomfield, Cemetery

LOCATION (City, town, or county) (State) Bloomfield, Iowa

DATE REC'D BY LOCAL REG. Apr 21 1952

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 23 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 14 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 West Side Ave.	STREET ADDRESS (If rural, give location) 224 West Side Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Hamilton (Last) Fitzgerald			4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1952	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Oct. 27, 1894	9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freeder	10b. KIND OF BUSINESS OR INDUSTRY: Horses	11. BIRTHPLACE (State or foreign country): Afton Va.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: James R. Fitzgerald		14. MOTHER'S MAIDEN NAME: Annie Lane		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.: -----	17. INFORMANT & ADDRESS: Mrs. Julia A. Fitzgerald Hag. Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Arterio sclerotic heart disease	3 years
420.0 Antecedent cause(s)	DUE TO (b)	Generalized arterio-sclerosis	3 years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1949, to April 7, 1952, that I last saw the deceased alive on April 7, 1952, and that death occurred at 9 55 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS: 119 E Antietam St. Hagerstown Md. DATE SIGNED: 4/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Apr. 9, 1952	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown Md.
DATE REC'D BY LOCAL REG.: Apr. 19, 1952	REGISTRAR'S SIGNATURE: Chas. H. Bowers	24. FUNERAL DIRECTOR: Scott F. Minnich & Son	ADDRESS: Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 353 N. Cannon Ave.

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) E. (Last) Fridinger
4. DATE OF DEATH: (Month) April (Day) 5 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: March 4, 1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Lizer
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT & ADDRESS: Miss Hazel Fridinger Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 month

024X

Antecedent cause(s) DUE TO (b) Neuro vascular syphilis — 5 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arterio sclerosis

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 7 1951, to April 5, 1952, that I last saw the deceased alive on March 20, 1952, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE A. B. Nowlet M.D. (DEGREE OR TITLE) ADDRESS 1196 Antietam St. Hagerstown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Apr. 7, 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Apr. 7, 1952 Leroy N. Forkler Deptg
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-1 8-51

RECEIVED
MAY 5 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sam Mar — LENGTH OF STAY (In this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Salisbury Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3223 W. Belvedere Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NORA	ELIZABETH	GEIMAN	April	12.	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	July-9-1868	83-7-3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	own Home	near Westminster Carroll Co. md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Engler	Mary Jane Baile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	None.	Edward W. Geiman 3522 Melvale Rd. Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cystic right kidney	2yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis —	5 yrs.
	(c)	

4.2.d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 5, 1952, to April 12, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 9.20 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. W. Lekan	M.D.	Boonsboro,	4/12/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 15 1952	Meadow Branch Cemetery	Westminster Carroll Co. md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 12, 1952	John L. Bair	Myers Funeral Home	Westminster Md.

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APR 16 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Hochland
Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 12 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 346 S. Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 346 S. Locust St.

3. NAME OF DECEASED: (Type or Print) (First) MARGIE (Middle) VIRGINIA (Last) HECKMAN
4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 30, 1888
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Daley
14. MOTHER'S MAIDEN NAME: Mary Stouffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Donald Clever Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Parkinsonian Disease — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs
DUE TO
350X
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 April 1952, to 24 April 1952, that I last saw the deceased alive on 20 April 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
F. D. Hochland M.D. Hagerstown Md 4/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4/26/52
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REG. Apr 25, 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 28 1952
BUREAU OF MINES

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VS. 415

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [redacted]fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04579

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 12 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS 765 S. POTOMAC ST. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HAZEL (Middle) (Last) HILL
4. DATE OF DEATH (Month) APRIL (Day) 7 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 8/31/1896
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME DANIEL SCOTT
14. MOTHER'S MAIDEN NAME MOLLIE SNYDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-16-0903
17. INFORMANT AND ADDRESS MR. HENRY H. HILL 765 S. POTOMAC HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerotic Heart Disease — 2 yrs

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24/52, 19....., to 4/7/52 19....., that I last saw the deceased alive on 4/7/52, 19....., and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE W. E. W. Detty (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 4/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/9/52
NAME OF CEMETERY OR CREMATORY Brethern Ch. Cemetery
LOCATION (City, town, or county) Beaver Creek Wash. Co. Md. (State)
DATE REC'D BY LOCAL REG. Apr. 9, 1952
REGISTRAR'S SIGNATURE Robert H. Bowers
24. FUNERAL DIRECTOR W. T. Norment, Hagerstown Md. ADDRESS

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APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT. LENA - RURAL
LENGTH OF STAY (in this place): 90 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT. LENA - RURAL
STREET ADDRESS (If rural, give location): BOONSBORO MD. R.2

3. NAME OF DECEASED (Type or Print): (First) SENORA (Middle) CATHERINE (Last) HOFFMAN

4. DATE OF DEATH (Month) (Day) (Year): APRIL - 2 - 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: APRIL - 29 - 1854

9. AGE last birthday: 97 - 11 - 3 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): WEVERTON WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY DICK

14. MOTHER'S MAIDEN NAME: BARBARA DICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: STANLEY HOFFMAN BOONSBORO MD. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1952, to April 2, 1952, that I last saw the deceased alive on April 2, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: G. W. Lehan (Degree or title) M. D. ADDRESS: Boonsboro — DATE SIGNED: 4/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: APRIL-5-1952

NAME OF CEMETERY OR CREMATORY: FAHRNEYS CEMETERY

LOCATION (City, town, or county) (State): NEAR MAPLEVILLE MD.

DATE REC'D BY LOCAL REG.: APRIL-4-1952

REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR ADDRESS: WM. F. BAST AND SONS BOONSBORO MD.

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APR 7 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A1b 8-51

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Hagerstown, Md. Rural

LENGTH OF STAY (in this place): 3 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Md. rural

STREET ADDRESS (If rural, give location): Broadfording

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Adam (Last) Hose

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	March 28, 1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
farm tenant	Farm	Washington County	U.S.

13. FATHER'S NAME: Lewis Hose

14. MOTHER'S MAIDEN NAME: Lydia Vandrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Lewis J. Hose Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Sclerosis	10 years
	DUE TO (c)	

33/X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Mar. 29, 1952, to April 2, 1952, that I last saw the deceased alive on ~~May 29~~ April 2, 1952, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Laird R. Brewer M.D.	Clear Spring Md.	4/3/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-5-52	Church of God Cemetery	Broadfording	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-4-52	Leroy M. Fockler (Deputy Local)	Fred W. Kraiss	Hagerstown, Md.

RECEIVED
MAY. 51 1952
BUREAU V. S.

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589

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. Martin Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
STREET ADDRESS (If rural, give location) N. Martin St.

3. NAME OF DECEASED (Type or Print) (First) Lorena (Middle) G. (Last) Hovermale

4. DATE OF DEATH (Month) Apr. (Day) 7, (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Sept. 1, 1880

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Morgan County, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Ambrose

14. MOTHER'S MAIDEN NAME Sarah Spriggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. D. W. Martin- Big Pool, Md. RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to April 5, 1952, that I last saw the deceased alive on April 5, 1952, and that death occurred at 11 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David R. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 4/9/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Apr. 10-52

NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery

LOCATION (City, town, or county) (State) Near Clear Spring, Md.

DATE REC'D BY LOCAL REG. April 10-52

REGISTRAR'S SIGNATURE Joseph W. Murray Local Registrar

24. FUNERAL DIRECTOR ADDRESS Adrian L. Rowland Clear Spring, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 15 1952
BUREAU V. S.

P.R.-WADE 5-4-52 F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; LENGTH OF STAY (in this place) 24 HRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO - RURAL; STREET ADDRESS (If rural, give location) BOONSBORO MD. R.2.

3. NAME OF DECEASED (Type or Print): (First) RUSSELL - (Middle) L (Last) HUTZELL

4. DATE OF DEATH: (Month) APRIL - (Day) 15 - (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: AUG. 3 - 1883

9. AGE last birthday: 68-8-12 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRODUCE DEALER -

10b. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SIONAS HUTZELL

14. MOTHER'S MAIDEN NAME: ALICE REEDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO -

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MISS ETHEL HUTZELL BOONSBORO MD. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Diabetic coma	36 hs?
250.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	Unknown
	(c) Arteriosclerotic Heart Disease	10

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1952, to 4-15, 1952, that I last saw the deceased alive on 4-14, 1952, and that death occurred at 5.45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John N. Hornbaker M.D. ADDRESS 154 W. Washington St Hagerstown, Md DATE SIGNED 4-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: APRIL-18-1952 | NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY | LOCATION (City, town, or county) (State): BOONSBORO WASH. CO. MD

DATE REC'D BY LOCAL REG.: APR 21 1952 | REGISTRAR'S SIGNATURE: Grace Bowers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS | ADDRESS: BOONSBORO MD

RECEIVED
APR 21 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■refully. Th■ correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY W sh. MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown

LENGTH OF STAY (In this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural, give location) 229 N. Locust

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Clifford (Last) Ivey

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Aug. 7, 1905	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
salesman	Electrical	Georgia	U.S.

13. FATHER'S NAME: Wade Ivey

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	241-07-0927	J. Bernice Ivey Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Uremia	8 Days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Ureteral Stones (Bilateral)	10 Days
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Leukemia — 2 Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
4/23/52	Hydronephrosis	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 19 52 to 4/24, 19 52, that I last saw the deceased alive on 4-24, 19 52, and that death occurred at 12:50 am., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. G. Warden M.D. 832 Potomac Ave. Hagerstown, Md. 4-26-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-27-52	Rose Hill	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Apr 26 1952	Chas H Towers	Fred W. Kraiss Hagerstown, Md.

VS. 15 8-51

RECEIVED
APR 29 19[illegible]
BUREAU [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A45 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. ospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 315 North ulberry Street

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) F. (Last) Jones

4. DATE OF DEATH: (Month) Apr. (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 31, 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 0 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian

10b. KIND OF BUSINESS OR INDUSTRY: Peoples Drug Store

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel L. Jones

14. MOTHER'S MAIDEN NAME: Rachael Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-22-8026

17. INFORMANT & ADDRESS: Mrs. Eva May Lizer, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of lung. — Interval between onset and death: Probably 1 year.

163 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10 1952, to Apr. 7, 1952, that I last saw the deceased alive on Apr. 5, 1952, and that death occurred at 6:35 P m., from the causes and on the date stated above.

SIGNATURE Ka Bell (DEGREE OR TITLE) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED Apr. 8, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4-9-1952 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Apr. 9, 1952 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. H. Suter & Sons, Hagerstown, Maryland — ADDRESS

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APR 14 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland
STREET ADDRESS (If rural, give location) 50 W. North Street.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Charles (Last) Jones
4. DATE OF DEATH (Month) April (Day) 7 (Year) 1952
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 12 1875
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY Hotel
11. BIRTHPLACE (State or foreign country) Newberry South Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Jones
14. MOTHER'S MAIDEN NAME Harriet Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 155-03-9243
17. INFORMANT AND ADDRESS Robert Jones Cleveland Ohio.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma pylorus antrum stomach c̄ metastasis to liver.

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Certain 3 Weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

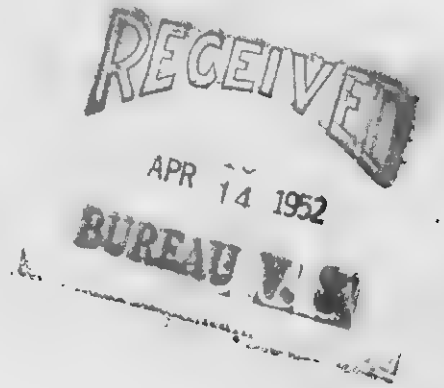
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1952 to April 7, 1952 that I last saw the deceased alive on April 6, 1952 and that death occurred at 2:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. T. Layman, M.D. ADDRESS Hagerstown, Md. DATE SIGNED April 10, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-10-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REG. Apr. 10, 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR John R Watson Jr. ADDRESS Hagerstown Md.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APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) Mae (Last) Kendall

4. DATE OF DEATH (Month) April (Day) 27 (Year) 1952

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH Nov 29, 1866

9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY House Duties

11. BIRTHPLACE (State or foreign country) Near Smithsburg Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Soleman Toms

14. MOTHER'S MAIDEN NAME Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Corsie Kendall, Highfield Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE HEART FAILURE	1-2 yrs.
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA of the TRANSVERSE Colon	1-2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 March, 1952, to 27 April, 1952, that I last saw the deceased alive on 26 April, 1952, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE Harry Hyoungs Jr. (Degree or title) MD. ADDRESS Blue Ridge Summit, Pa DATE SIGNED 4-28-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/29/52

NAME OF CEMETERY OR CREMATORY Green Hill

LOCATION (City, town, or county) Waynesboro (State) Pa.

DATE REC'D BY LOCAL REG. April 28-52

REGISTRAR'S SIGNATURE Geo. W. Ferguson

24. FUNERAL DIRECTOR Walter J. Grove ADDRESS Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY WASHINGTON; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO; LENGTH OF STAY (in this place) 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS GUILFORD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK CITY
STREET ADDRESS (If rural, give location) 135 N. MARKET ST

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) W (Last) KOLB

4. DATE OF DEATH (Month) (Day) (Year): APRIL - 2 - 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 23 1872

9. AGE last birthday: 80 - 0 - 10 yrs.
If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent of Park - Retired - City Park

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): DETOUR MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: REV. THOMAS J. KOLB

14. MOTHER'S MAIDEN NAME: MARY SAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-10-4841

17. INFORMANT AND ADDRESS: MRS. J. W. KOLB

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalize arterisclerosis — Interval between onset and death: 8 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Myocarditis — Interval between onset and death: 3 yrs
(c)

402.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1952, to April 2, 1952, that I last saw the deceased alive on April 1, 1952 and that death occurred at 4.45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. W. Sutton M.D. Boonsboro 4/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: APRIL-5-1952

NAME OF CEMETERY OR CREMATORY: HAUGHS CHURCH CEMETERY

LOCATION (City, town, or county) (State): LADYSBURG MD.

DATE REC'D BY LOCAL REG.: APRIL-3-1952

REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR ADDRESS: MR ESHISON AND SON FREDERICK MD.

RECEIVED
APR 7 1952
BUREAU U. S.

Dr. Hornbaker

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1094 So. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1094 So. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) Emory (Middle) Edward (Last) Kretzer

4. DATE OF DEATH: (Month) Apr. (Day) 26, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 14, 1867

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Retired

10b. KIND OF BUSINESS OR INDUSTRY: W. Md. Rwy. Co.

11. BIRTHPLACE (State or foreign country): Keedysville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Kretzer

14. MOTHER'S MAIDEN NAME: Rebecca Gigoud

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: E. Kemp Kretzer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 1094 So. Potomac St Hagerstown, Md.

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute pulmonary edema	3 hrs.
4,2X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Pneumonia, probably rions	6 days.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2, 1939, to 4-26, 1952, that I last saw the deceased alive on 4-26, 1952, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John S. Hornbaker M.D. 154 W. Washington St. Hagerstown, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Apr. 30, 1952

NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

LOCATION (City, town, or county) (State): Sharpsburg, Md.

DATE REC'D BY LOCAL REG.: Apr. 30, 1952

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman, Hagerstown, Md.

VS. A-5-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 2 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
STREET ADDRESS (If rural, give location) 441 Mechanic St.

3. NAME OF DECEASED (Type or Print): (First) Clyde (Middle) U (Last) Kuhn
4. DATE OF DEATH: (Month) April (Day) 2 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 11-26-1881
9. AGE last birthday: 70 yrs. If under 1 year: Months 4 Days 8 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist Helper (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY: W. M. R. R.
11. BIRTHPLACE (State or foreign country): Upton, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David Kuhn
14. MOTHER'S MAIDEN NAME: Anna Shoop
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-4639
17. INFORMANT: Mrs. Clyde U. Kuhn, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 Immediate cause (a) 3. Diabetes M.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 1. Hypertensive vascular disease

(c) 2/Cerebral hemorrhage — 23d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Family physician out of town)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 4/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-5-1952
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Apr. 4, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons
ADDRESS Hagerstown, Maryland

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 116

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smithsburg R.D.I — LENGTH OF STAY (in this place): 43 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D.I Smithsburg.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Smithsburg R.D.I

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) Ridenour (Last) Lewis
4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 6/21/1868
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob Ridenour
14. MOTHER'S MAIDEN NAME: Kesiah Stottlemyer.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs Orpha Cline Smithsburg R.D.I

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage. — Instant

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio Sclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Apr., 1952, that I last saw the deceased alive on Feb. 20, 1952, and that death occurred at 11:25A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter [illegible] — ADDRESS: Waynesboro Penna — DATE SIGNED: 4-2-52

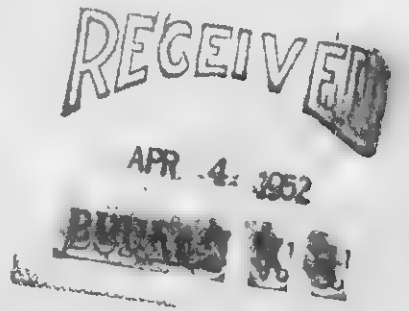
23. BURIAL, CREMATION REMOVAL (Specify): Burial. — DATE THEREOF: 4/3/1952 — NAME OF CEMETERY OR CREMATORY: Plesant Valley — LOCATION (City, town, or county) (State): Smithsburg R.D.2. Md

DATE REC'D BY LOCAL REG.: April 2nd 52 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Walter G. Grove — ADDRESS: Waynesboro, Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN


RECEIVED
APR 4 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1592

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 95

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halfway
LENGTH OF STAY (in this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 136 Greenmount Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halfway
STREET ADDRESS (If rural, give location): 136 Greenmount Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Orville (Middle) Newman (Last) Lynn

4. DATE OF DEATH: (Month) 4 (Day) 15 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 15, 1876

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months 4, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. eng.

10b. KIND OF BUSINESS OR INDUSTRY: W. M. R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel H. Lynn

14. MOTHER'S MAIDEN NAME: Clara Newman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — **(If Yes, give war or dates of service)**

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Mrs. Clara Foltz Halfway, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	1950
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy — yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on April 15, 1952 and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Lloyd A. Hoffman, M.D. ADDRESS 214 N. Potomac st. Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL: (Specify): Burial — DATE THEREOF 4-17-52 — NAME OF CEMETERY OR CREMATORY: Rose Hill — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. Apr. 16, 1952 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kriss — ADDRESS: Hagerstown, Md.

RECEIVED
APR 18 1952
BUREAU V. S.

Dr. Walter Layman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 5 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 1602 Sherman Ave.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Felice (Last) Marozza

4. DATE OF DEATH: (Month) April (Day) 6, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 20, 1889	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Hagerstown Fair Ground

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vincenti Marrozza

14. MOTHER'S MAIDEN NAME: Louise Rori

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): None

16. SOCIAL SECURITY No.: 220-16-3714

17. INFORMANT & ADDRESS: Mrs Maria Marrozza Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

153X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Adeno-carcinoma of the sigmoid

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 3, 52

19b. MAJOR FINDINGS OF OPERATION: Almost complete obstruction of the sigmoid with metastases of all major organs of abdomen

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17 52, to Apr. 5, 1952, that I last saw the deceased alive on Apr. 5, 19 52, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Walter Layman M.D. ADDRESS Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 8, 1952	Rose Hill Cemetery	Hagerstown Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 8, 1952	Edward F. Bowers	Andrew K. Coffman	Hagerstown, Md

VS. A15 8-51

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04594

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY in this city 5 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hagerstown; STREET ADDRESS (If rural, give location) Hagerstown RD 5

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) L (Last) Martin

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 1, 1906

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Washington Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses K. Horst

14. MOTHER'S MAIDEN NAME: Anna A. Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Aaron Martin Hagerstown RD 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Arteriosclerotic Heart Disease with Myocardial Infarction — Interval Between Onset and Death: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Diabetes Mellitus, Severe — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25-52, to 4-27-52, that I last saw the deceased alive on 4-27-52, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE: Dalton M Welty (Degree or title) M.D. ADDRESS Hagerstown Md. DATE SIGNED 4-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE 4/30/52; NAME OF CEMETERY OR CREMATORY: Ruffs Church; LOCATION (City, town, or county) Cearfoss (State) Md.

DATE REC'D BY LOCAL REG. 4/28/1952; REGISTRAR'S SIGNATURE: Grant Towers

24. FUNERAL DIRECTOR: A.E. Minnich ADDRESS Greencastle, Penna.

RECEIVED
APR 30 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 804 Oak Hill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 804 Oak Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) David (Last) Martin

4. DATE OF DEATH: (Month) Apr. (Day) 24 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-20-1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 2 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Hagerstown Lumb. Co.
11. BIRTHPLACE (State or foreign country): Emmittsburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John David Martin
14. MOTHER'S MAIDEN NAME: Mary H. Hann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. 1
16. SOCIAL SECURITY NO.: 214-09-6892
17. INFORMANT & ADDRESS: Mrs. Geo. D. Martin, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arterio sclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs
422.1 DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
200 (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 12 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to 24 Apr, 1952, that I last saw the deceased alive on 21 Apr, 1952, and that death occurred at 7 00 A m., from the causes and on the date stated above.

SIGNATURE F F Lusby (DEGREE OR TITLE) MD ADDRESS 2307 Potomac DATE SIGNED 26 Apr 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-28-1952
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Apr. 26, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 29 1952
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 D (1) Brewer

CERTIFICATE OF DEATH

Reg. Dist. No. 352

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilsons
LENGTH OF STAY (in this place) 18 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Layman Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY Long Island
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lake View
STREET ADDRESS (If rural, give location) 684 Thrush Ave.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) SAUER (Last) LARX

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 12, 1865

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rufus Sauer

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Harry J. Larx Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Sclerosis	2 yrs.
334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Hypotensive Sclerosis of Retina	10 yrs.
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 19 52, to April 14, 19 52, that I last saw the deceased alive on April 12, 19 52, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
David L. Brewer M.D. Clear Spring Md. 4/15/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	4/16/52	Cedar Hill Cemetery	District of Columbia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 16. 1952	Leroy M. Fockler (Deputy Local)	Andrew K. Coffman	Hagerstown, Md.

RECEIVED
MAY 5 1952
BUREAU V. S.

Item 9 FilmG142 4/24/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr, Hoachlar

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Maugansville
LENGTH OF STAY (in this place) 86 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washingt n
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) CLARENCE (Last) LAUGANS

4. DATE OF DEATH: (Month) April (Day) 15, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 7, 1866

9. AGE last birthday: 86 85 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Maugansville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Maugans

14. MOTHER'S MAIDEN NAME: Sally Laugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Jessie Laugans Maugansville, Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Lung — 2 yrs
163x
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 19 52, to April 15, 19 52, that I last saw the deceased alive on April 14, 19 52, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
[signature]	MD	Hagerstown Md	4/16/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/18/52	Dunkard Cemetery	Broadfording Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 18 1952	[signature]	Andrew K. Coffman	Hagerstown, Md.

VS. 115 8-51

RECEIVED
APR 21 1952
BUREAU V. & I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 East Hillcrest Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 10 East Hillcrest Avenue

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Maxon

4. DATE OF DEATH: (Month) (Day) (Year) April 22 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 7-2-1884
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months 9 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.
11. BIRTHPLACE (State or foreign country): Doddridge County, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Maxon
14. MOTHER'S MAIDEN NAME: Catherine Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-03-7383
17. INFORMANT & ADDRESS: Mrs. Edward Maxon, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs
DUE TO
4221
Antecedent cause(s) (b) General Arterio Sclerosis — 5 yrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 1952 to Apr. 22, 1952, ~~that I~~ last saw the deceased alive on Apr. 22, 1952, and that death occurred at 5:48 P.M., from the causes and on the date stated above.

SIGNATURE J. H. Beachley (DEGREE OR TITLE) ADDRESS M.D. Hagerstown, N DATE SIGNED 4/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 4-22-1952
NAME OF CEMETERY OR CREMATORY Benidum Cemetery
LOCATION (City, town, or county) (State) Bridgeport, W. Va.

DATE REC'D BY LOCAL REG. Apr 22 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 425 George Street

3. NAME OF DECEASED: (Type or Print) (First) Linton (Middle) Norman (Last) Mears

4. DATE OF DEATH: (Month) Apr. (Day) 25 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-21-1918
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months 5 Days 4 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mant. Man
10b. KIND OF BUSINESS OR INDUSTRY: Fairchild
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Mears
14. MOTHER'S MAIDEN NAME: Annie Brooms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. 2
16. SOCIAL SECURITY NO.: 230-36-3976
17. INFORMANT & ADDRESS: Mrs. Linton N. Mears, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute nephrosis	10 days
580X Antecedent cause(s)	DUE TO	Acute nephritis	10 days
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Acute Hepatitis	10 days
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1952 to April 25, 1952, that I last saw the deceased alive on April 25, 1952, and that death occurred at 12.50 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 4/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-28-1952
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Apr. 26 1952
REGISTRAR'S SIGNATURE Chas H Flowers
24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1952
BUREAU K. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 60B02

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 North Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 40 North Avenue

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Mae (Last) Miller

4. DATE OF DEATH: (Month) Apr. (Day) 27 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 4-8-1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 0 Days 19 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William L. Morrison
14. MOTHER'S MAIDEN NAME: Mary A. Carlisle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Mrs. Virginia Peddicord, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: Few hrs.
450.0
DUE TO
Antecedent cause(s) (b) Generalized arteriosclerosis — years.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of breast ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23, 1952, to 4-27, 1952, that I last saw the deceased alive on 4-27, 1952, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE R. T. Bunford M.D. (DEGREE OR TITLE) ADDRESS Hagerstown, Md. DATE SIGNED 4-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-30-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Apr. 29 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 2-51

RECEIVED
MAY 17 1962
BUREAU V.S.

Dr. Bintliff

Dr. Wells

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairchilds Plant #10

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown.
STREET ADDRESS (If rural, give location) 440 Mechanic St.

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Edgar (Last) Miller
4. DATE OF DEATH (Month) Apr. (Day) 5, (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feby 15 1889
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard Fairchild Plant
10b. KIND OF BUSINESS OR INDUSTRY #10
11. BIRTHPLACE (State or foreign country) Shady Grove Pa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John H. Miller
14. MOTHER'S MAIDEN NAME Emma Stoner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-05-6259
17. INFORMANT AND ADDRESS Mrs Lucille B. Miller

18. MEDICAL CERTIFICATION 440 Mechanic St

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound through skull

9'16X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Gunshot Aircraft (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) Apr. (Day) 5 (Year) '52 (Hour) 12 Noon
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Shot self with .38 police special

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide ✓, homicide , undetermined

SIGNATURE S. Robert Wells MD, (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 4.7.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF April 8, 52 NAME OF CEMETERY OR CREMATORY Beahms Chapel. LOCATION (City, town, or county) Luray, Va. (State)

DATE REC'D BY LOCAL REG. Apr. 8, 1952 REGISTRAR'S SIGNATURE Chas H Powers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
APR 10 1952
BUREAU V. S.

PR. ZIMMERMAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04602

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 24 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TILGHMANTON - RURAL
STREET ADDRESS (If rural, give location) BOONSBORO MD. R.1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) HARRY - THOMAS - MILLER

4. DATE OF DEATH (Month) (Day) (Year) APRIL - 14 - 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH OCT-6-1874
9. AGE last birthday 77-6-8 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY OWN FARM
11. BIRTHPLACE (State or foreign country) MARLOWE W. VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BENJAMIN MILLER
14. MOTHER'S MAIDEN NAME CATHERINE MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	6 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19....., to April 14, 1952, that I last saw the deceased alive on April 14, 1952 and that death occurred at 1:10 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS William Pratt Md. DATE SIGNED 4/15/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF APRIL 17 1952
NAME OF CEMETERY OR CREMATORY OLD HARMONY CEMETERY
LOCATION (City, town, or county) (State) MARLOWE W. VA.

DATE REC'D BY LOCAL REG. Apr. 16 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
APR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 464 Park Place

3. NAME OF DECEASED: (Type or Print) (First) Lela (Middle) Belle (Last) Moats

4. DATE OF DEATH: (Month) Apr. (Day) 26 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 2-15-1898
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months 2 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Page County, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin J. Kighi
14. MOTHER'S MAIDEN NAME: Joeanna Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Willard C. Moats, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 days
420.1
DUE TO
Antecedent cause(s) (b) Generalized arteriosclerosis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1952, to 4-26, 1952, that I last saw the deceased alive on 4-26, 1952, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE R. T. Binford (DEGREE OR TITLE) M. D. ADDRESS Hagerstown DATE SIGNED 4-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-29-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Apr. 29, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416 8-51

RECEIVED
MAY 1 1952
BUREAU V. E.

Ex Binford

144

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 1 mo. 22 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring, Md.
STREET ADDRESS (If rural, give location): S. Martin St.

3. NAME OF DECEASED (Type or Print): (First) George A. (Middle) (Last) Mullin

4. DATE OF DEATH: (Month) Apr. (Day) 13, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 27, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming-Tenant

11. BIRTHPLACE (State or foreign country): Wash. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander S. Mullin

14. MOTHER'S MAIDEN NAME: Mary V. Staley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. John Yeakle- Clear Spring, Md.

18. MEDICAL CERTIFICATION

			Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	A	Septicemia	2 weeks
Immediate cause	(a) DUE TO	Uremia	4 weeks
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Pyelonephrosis	unknown
		Kidney calculus, right	unknown
	(c)	Prostatic hypertrophy, benign	unknown
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		Suppurative pneumonitis	3 months.

60 x 8

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 14, 1951 to Apr. 13, 1952, that I last saw the deceased alive on April 12, 1952, and ~~that~~ death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE: Curtis Robert Cohen (DEGREE OR TITLE) MD ADDRESS: Clear Spring, Maryland DATE SIGNED: 4-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Apr. 15-52

NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery

LOCATION (City, town, or county) (State): Clear Spring, Md. R D

DATE REC'D BY LOCAL REG.: April 15-52

REGISTRAR'S SIGNATURE: Joseph W. Murray

24. FUNERAL DIRECTOR Adriance Rowland ADDRESS: Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
APR 17 1952
BUREAU V. S.

605

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Martin St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
STREET ADDRESS (If rural, give location) S. Martin St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Jane R. Newkirk

4. DATE OF DEATH (Month) (Day) (Year) Apr. 7, 1952 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar. 14, 1877
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Wash. Co., Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Fred Rubeck
14. MOTHER'S MAIDEN NAME Martha Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. John Corbett- Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 years

15 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive arteriosclerotic heart disease — unknown

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1950, to April 7, 1952, that I last saw the deceased alive on April 5, 1952, ~~and that~~ death occurred at 10:55 AM, from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen (Degree or title) M D
ADDRESS Clear Spring, Maryland
DATE SIGNED April 8, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 10-52
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Clear Spring, Md.

DATE REC'D BY LOCAL REG: April 10-52
REGISTRAR'S SIGNATURE J. W. Murray Local
24. FUNERAL DIRECTOR Mariam F. Rowland
ADDRESS Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
APR 15 1952
BUREAU V. S

DR. LEVAN

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO-RURAL
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO - RURAL
STREET ADDRESS (If rural, give location) BOONSBORO MD. R.2

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) KATE (Last) NICODEMUS

4. DATE OF DEATH (Month) APRIL (Day) 13 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ~~MARRY~~ WIDOWED
8. DATE OF BIRTH FEB-4-1869
9. AGE last birthday 83-2-9 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT - OPERATED OWN GENERAL STORE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BOONSBORO WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DANIEL W. FOLTZ
14. MOTHER'S MAIDEN NAME LYDIA C. TOMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS JOHN P. NICODEMUS BOONSBORO MD. R.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Generalized Arteriosclerosis	10 yrs
422 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic myocarditis	5 yrs.
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952, to April 13, 1952, that I last saw the deceased alive on April 13, 1952, and that death occurred at 7.45 A.M. m., from the causes and on the date stated above.

SIGNATURE G. W. Levan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 4/15/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL.
DATE THEREOF APRIL 16 1952
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG. April 16 1952
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
APR 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hook
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mary COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Harpers Ferry
STREET ADDRESS (If rural, give location) R. F. D. #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Leary	Norris	April	30	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Separated	Aug. 12, 1913	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Pleasantville, Md.	U.S.a.

13. FATHER'S NAME Thomas Emory Norris
14. MOTHER'S MAIDEN NAME Sarah Mae Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	
	234-14-6866	Mrs. Regina Norris	R.F.D. #1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured skull	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured ribs	
	(c) Hemorrhage and shock.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Railroad track	Sandy Hook	Wash.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
Apr. 30 1952 10 P.M.			Struck by train

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE A. Robin Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 113 N. Potomac Hagerstown, Md. DATE SIGNED 5/1/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/3/52	Samples Manor Cemetery	Samples Manor	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/1/52	Cornelius H. Castle Deputy	Melvin T. Strider	Charles Town West Va.

RECEIVED
MAY 10 1902
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
LENGTH OF STAY (in this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GUILFORD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
STREET ADDRESS (If rural, give location) POTOMAC ST.

3. NAME OF DECEASED (Type or Print) (First) ELLEN (Middle) L. (Last) NUNAMAKER

4. DATE OF DEATH (Month) APRIL (Day) 26 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH FEB-9-1860
9. AGE last birthday 92-2-17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) MYERSVILLE FRED. CO. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BENJAMIN HOOVER
14. MOTHER'S MAIDEN NAME ELIZABETH HOLTZMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS 906 SPRUCE ST. PAUL B. NUNAMAKER - HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized arteries - sclerosis	1 yr 7 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Debility	" "
	(c) Post-infection	1 mo.

45

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to April 26, 1952, that I last saw the deceased alive on April 22, 1952, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

SIGNATURE J. Hubert Made (Degree or title) M. D. ADDRESS Boonsboro Md DATE SIGNED 4/28/52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF APRIL-29-1952
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD

DATE REC'D BY LOCAL REG. April 29. 1952
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
MAY 5, 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01609

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1101 Virginia Ave

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) BENJAMIN (Last) RENNER

4. DATE OF DEATH: (Month) Apr (Day) 8 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: Dec 18 1870
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Wilsons Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Renner
14. MOTHER'S MAIDEN NAME: Sarah Middlekauff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs pauline Davis

18. MEDICAL CERTIFICATION Hagerstwon Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks
420.0 DUE TO
Antecedent cause(s) (b) Arteriosclerotic heart disease — certain 3 months
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951 to April 8, 1952, that I last saw the deceased alive on April 7, 1952, and that death occurred at 5 1/2 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] Hagerstown, Md. April 9, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-10-52
NAME OF CEMETERY OR CREMATORY St Pauls Cemetery
LOCATION (City, town, or county) Clear Springs Wash. Co. (State) Md

DATE REC'D BY LOCAL REG. Apr. 10, 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: WASHINGTON; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO; LENGTH OF STAY (in this place): 40 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS: N. MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO; STREET ADDRESS (If rural, give location): N. MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) ABBIE (Middle) KATHRYN (Last) RIDENOUR

4. DATE OF DEATH: (Month) APRIL (Day) 21 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: SEPT. 7 1869

9. AGE last birthday: 82-7-14 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): KEEDYSVILLE WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB H. REEL

14. MOTHER'S MAIDEN NAME: ANNA GEETING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: EARL R. RIDENOUR BOONSBORO MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized arteriosclerosis	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	3 yrs
	(c) Cerebral Hemorrhage	2 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952, to April 21, 1952, that I last saw the deceased alive on April 21, 1952, and that death occurred at 9.30 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Boonsboro DATE SIGNED: 4/22/52.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL; DATE THEREOF: APRIL 23 1952; NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEMETERY; LOCATION (City, town, or county) (State): KEEDYSVILLE WASH. CO. MD.

DATE REC'D BY LOCAL REG.: April 23, 1952; REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS ADDRESS: BOONSBORO MD

RECEIVED
APR 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Dr. [illegible]11

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown; LENGTH OF STAY (In this place) 28 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS R#1 Cavetown Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown; STREET ADDRESS (If rural, give location) R#1 Cavetown Pike

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	LUTHER	RINEHART	April	13	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1/13/1898	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman Assembly Dept.	Sandblasting Manu. Co.	Maryland	USA

13. FATHER'S NAME: Charles H. Rinehart

14. MOTHER'S MAIDEN NAME: Leona Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Ethel Y. Rinehart Hagerstown Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary occlusion

420.1 **Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Angina pectoris

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	None			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) S. Robert Wells M.D., DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 4/14/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/15/52	Rest Haven Cemetery	Hagerstown	Maryland

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/15/1952	Chas H Powers	Andrew K. Coffman	Hagerstown, Md.

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Washington County

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Alice (Last) Robinson

4. DATE OF DEATH (Month) April (Day) 27 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH July 11, 1859
9. AGE last birthday 92 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY House Duties
11. BIRTHPLACE (State or foreign country) Smithsburg Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Solomon Toms
14. MOTHER'S MAIDEN NAME Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. John Robinson, Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia.	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis. Gangrene, both legs.	Years.
	(c) Congestive Heart Failure.	3 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 27 Apr, 1952, that I last saw the deceased alive on 27 Apr, 1952, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE J. Dwilson (Degree or title) M.D. ADDRESS Smithsburg, Md. DATE SIGNED 4/28/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/30/52
NAME OF CEMETERY OR CREMATORY Smithsburg
LOCATION (City, town, or county) Smithsburg (State) Md

DATE REC'D BY LOCAL REG. Apr 30. 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Walter J. Grove, Waynesboro Pa. ADDRESS

Read from Geo W. Ferguson Sec Reg

VS. A10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 382

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 716 Paper Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 716 Paper Mill Road

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Alice (Last) Rohrer

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 28, 1891

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Frederick County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fenton Luther Palmer

14. MOTHER'S MAIDEN NAME: unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Harry M. Rohrer Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

422.1 DUE TO

Antecedent cause(s) (b) Hypertension Cardio-Vascular Fission — 2 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20/52, to 4/26/52, that I last saw the deceased alive on 4/26/52, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE D. S. W. Ditty (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 4/26/52

23. BURIAL, CREMATION REMOVAL (Specify): burial DATE THEREOF 4-28-52 NAME OF CEMETERY OR CREMATORY Mountain View LOCATION (City, town, or county) Sharpsburg (State) Md.

DATE REC'D BY LOCAL REG. Apr. 26 1952 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 5-51

RECEIVED
APR 29 1952
BUREAU V. S.

PR. WADE

E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A14

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C4614

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
LENGTH OF STAY (in this place) 47 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 POTOMAC ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
STREET ADDRESS (If rural, give location) 207 POTOMAC ST.

3. NAME OF DECEASED (Type or Print) (First) ZELLA (Middle) L (Last) SCHILDTKNECHT

4. DATE OF DEATH (Month) (Day) (Year) APRIL - 6 - 1952

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH FEB. 13. 1870

9. AGE last birthday 82-1-23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) NEAR MIDDLETOWN FRED. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME JOHN H. KEDLER

14. MOTHER'S MAIDEN NAME SUSAN AHALT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS MISS EDNA YOUNKINS BOONSBORO MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Gangrene	2Mo. 22 Day
450.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Infected Toe	" "
	(c)	Arterio Sclerosis	" "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1952, to April 6, 1952, that I last saw the deceased alive on April 5, 1952, and that death occurred at 11.15 A.m., from the causes and on the date stated above.

SIGNATURE J. Herbert Wade (Degree or title) M. D. ADDRESS Boonsboro, Md. DATE SIGNED 4/8/52

23. BURIAL, CREMATION REMOVAL (Specify) INTERMENT

DATE THEREOF APRIL-9-1952

NAME OF CEMETERY OR CREMATORY BOONSBORO MAUSOLEUM

LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REG. April 7. 1952

REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 04615 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 47 Elizabeth St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 47 Elizabeth

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) K (Last) Shrader

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Feb. 6, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 2 Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Everhart
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Jeanette Andrews Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Immediate

334x

Antecedent cause(s) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6/52, 19....., to 4/8/52, 19....., that I last saw the deceased alive on 4/8/52, 19....., and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE R. F. Young (DEGREE OR TITLE) M.D. ADDRESS Williamsport, Md DATE SIGNED 4/8/52

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF 4-11-52
NAME OF CEMETERY OR CREMATORY Rest Haven
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Apr. 9, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington COUNTY Maryland MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural, give location): 169 Summit Ave.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Russel (Last) Shryock
4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Mar. 4 1908
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Power Co.
11. BIRTHPLACE (State or foreign country): Front Royal Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Russel A Shryock
14. MOTHER'S MAIDEN NAME: Laura B Lake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO.: 214-10-4183
17. INFORMANT & ADDRESS: Mrs Mary Shryock Hag Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	15 min
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary thrombosis	7 days
	DUE TO		
	(c)	Coronary disease	2 years

42 ...

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1952, to 4/19, 1952, that I last saw the deceased alive on 4/19, 1952, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE R B Jouvent MD (DEGREE OR TITLE) ADDRESS 119 E Antietam St Hagerstown Md DATE SIGNED 4/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Apr 22 1952
NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery
LOCATION (City, town, or county) (State): Stephens City Va.

DATE REC'D BY LOCAL REG.: Apr. 22 1952
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR: Scott F Minnich & Son ADDRESS: Hag, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 24 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 46 Alexander St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 46 Alexander St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) William (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Widowed	Sept. 17, 1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Building	Near Middletown Md.	

13. FATHER'S NAME: George E. Smith

14. MOTHER'S MAIDEN NAME: Mary Rent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	220-09-7353	Albert Smith Hag. Rt. 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — Interval between onset and death: 10 yrs +

42 a.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Mar 15, 1952, to Apr 12, 1952, that I last saw the deceased alive on Apr 12, 1952, and that death occurred at 11:40p m., from the causes and on the date stated above.

SIGNATURE: F F Lusby (DEGREE OR TITLE) M.D. ADDRESS: 230 N Potomac DATE SIGNED: 14 Apr 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-15-52	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 14 1952	Chas. F. Rowers	Scott F. Minnich & Son	Hag. Md.

RECEIVED
APR 16 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH: Hagerstown
c. LENGTH OF STAY (In this place): 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Washington County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Md.
b. COUNTY: Washington
c. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH: Rural
d. STREET ADDRESS (If rural, give location): Smithsburg R. D. I

3. NAME OF DECEASED (Type or Print): a. (First) Grover b. (Middle) Cleveland c. (Last) Smith.

4. DATE OF DEATH (Month) (Day) (Year): 4/8/1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/17/1883
9. AGE (In years last birthday): 68 yrs — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (Also give State or foreign country): Frederich Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Smith.
14. MOTHER'S MAIDEN NAME: Maria Farsht.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, complete reverse side of certificate)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Michael Smith. ADDRESS: Smithsburg Md. R.D.I

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE, PANCREATIC GLAND — INTERVAL BETWEEN ONSET AND DEATH: 2 months
5870

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PROSTATIC HYPERTROPHY c̄ — Years.
DUE TO (c) UREMIA — 2 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. E.S.T.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Mar 1952 to 8 Apr 1952, that I last saw the deceased alive on 8 Apr 1952 and that death occurred at 2:15 A.m, E.S.T., from the causes and on the date stated above.

23a. SIGNATURE: J. D. Wilson M.D. or other M.D.
23b. ADDRESS: Smithsburg, Md.
23c. DATE SIGNED: 4/8/52

24a. BURIAL CREMATION REMOVAL (Specify): Burial
24b. DATE: 4/11/52
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Valley
24d. LOCATION (Town, township and county) (State): Washington Co. Md.

DATE REC'D BY LOCAL REG.: Apr. 10, 1952
REGISTRAR'S SIGNATURE: Chas A Bowers
25. SIGNATURE OF FUNERAL DIRECTOR: Kathe Y. Gene ADDRESS: Waynesboro Pa.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

Received. V.S
4/14/52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 401 Guilford Avenue

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) S. (Last) Snaveley

4. DATE OF DEATH: (Month) Apr. (Day) 28 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-10-1880
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 5 Days 18 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sharpsburg, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas B. Renner
14. MOTHER'S MAIDEN NAME: Martha A. Benner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ONE
17. INFORMANT & ADDRESS: Howard F. Snaveley, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

443X

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Hypertensive Cardio Vascular disease — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19....., to 4/28, 1952, that I last saw the deceased alive on 4/27/52, 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Hagerstown DATE SIGNED 4/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-30-1952
NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
LOCATION (City, town, or county) (State) Sharpsburg, Maryland

DATE REC'D BY LOCAL REG. Apr. 30, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Dr. Earl Young

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 45 W. Salisbury Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 45 W. Salisbury St.

3. NAME OF DECEASED (Type or Print) (First) Isaac (Middle) Clayton (Last) Snyder
4. DATE OF DEATH (Month) April (Day) 14 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 12 1876
9. AGE last birthday 75 yrs. If under 1 year Months 8 Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Utility Man
10b. KIND OF BUSINESS OR INDUSTRY Tannery
11. BIRTHPLACE (State or foreign country) Kemps Mill Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William H. Snyder
14. MOTHER'S MAIDEN NAME Emma Ridenour
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 215-09-7440
17. INFORMANT AND ADDRESS Maurice Snyder Conococheague St. Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Instant
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis Chronic	1 Year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19....., to April 14, 1952, that I last saw the deceased alive on April 12, 1952, and that death occurred at 9 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport Md. DATE SIGNED 4/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 17 1952
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) Williamsport (State) Md.

DATE REC'D BY LOCAL REG. April 17 52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

VS. A15-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APR 21 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21-382

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sharpsburg
STREET ADDRESS (If rural, give location): Sharpsburg Rt. 1

3. NAME OF DECEASED: (Type or Print) (First) Virgie (Middle) Eva (Last) Socks

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 4, 1911

9. AGE Last birthday: 41 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Marshall

14. MOTHER'S MAIDEN NAME: Sarah Kindle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Mary Renner Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemorrhage	15 Hours
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerosis	6 Mos.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 19 52, to Apr. 20, 19 52, that I last saw the deceased alive on Apr. 20, 19 52, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: M.D. Williamsport Md.
DATE SIGNED: 4/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Apr. 23, 1952
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Apr 22/1952
REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: Scott F. Minnich & Son Hag. Md.

Dr. Zimmerman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport — LENGTH OF STAY (in this place): 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hartle Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: --- COUNTY: ----
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
STREET ADDRESS (If rural, give location): 1767 Lanier Ave. N. W.

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Franklin (Last) Sowers

4. DATE OF DEATH: (Month) Apr. (Day) 25, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Jan. 12, 1873

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Loudon County, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Capt. John Sowers

14. MOTHER'S MAIDEN NAME: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) none

16. SOCIAL SECURITY No.: Unable to locate

17. INFORMANT & ADDRESS: C. Palmer Sowers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 913 Mulberry Ave. Hagerstown, Md.

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

DUE TO

Antecedent cause(s) (b) Arteriosclerosis — 1 year

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19....., to April 25, 1952, that I last saw the deceased alive on April 25, 1952, and that death occurred at 9 45 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (DEGREE OR TITLE) M. D. — ADDRESS: Williamsport — DATE SIGNED: 4/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Apr. 29, 1952 — NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: 4/27/1952 — REGISTRAR'S SIGNATURE: E. Lee McElroy

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

6-2-72

RECEIVED
MAY 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 623 Dr. Welty

CERTIFICATE OF DEATH

Reg. Dist. No. 302

VS. A-15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 5 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co, Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Laryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) 8 W. Lincoln Ave.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) WILLIAM (Last) STARTZMAN

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1/27/1910	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Floor Sander
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Laryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence C. Startzman
14. MOTHER'S MAIDEN NAME: Elsie Knode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: 225-10-2687
17. INFORMANT & ADDRESS: Clarence C. Startzman Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Adenocarcinoma Pancreas & Metastases — Interval Between Onset and Death: 6 months

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1952, to 4-30, 1952, that I last saw the deceased alive on 4-30, 1952, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

SIGNATURE Dalton M. Welty (DEGREE OR TITLE) M. D. ADDRESS 24 Hayes Court DATE SIGNED 5-2-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/3/52	Rose Hill Cemetery	Hagerstown Laryland

DATE REC'D BY LOCAL REG. May 3, 1952 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown, Md.

RECEIVED
MAY 6 1952
BUREAU U. S.

24

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN In Ambulance
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg
STREET ADDRESS (If rural, give location) Rothwell Ave.

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) WINGARD (Last) STEVENS
4. DATE OF DEATH (Month) April (Day) 23 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 10 March 1874
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John BLOOM
14. MOTHER'S MAIDEN NAME ALICE BLOOM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Lettie Hose - Williamsport, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/52 19....., to 4/23/52, that I last saw the deceased alive on 4/22/52, 19....., and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE C. L. Young (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED 4/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Cemetery
DATE THEREOF 4/24/52
NAME OF CEMETERY OR CREMATORY Green Hill Cemetery
LOCATION (City, town, or county) MARTINSBURG, (State) W. Va.
DATE REC'D BY LOCAL REG. Apr. 25, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. COFFMAN ADDRESS Hagerstown Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 28 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21-302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Hagerstown
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 474 McDowell Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 474 McDowell Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ivy (Middle) Florence (Last) Stine

4. DATE OF DEATH: (Month) Apr. (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 10-14-1894

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months 6 Days 7 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Williamsport, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther J. Hull

14. MOTHER'S MAIDEN NAME: Emma R. Nave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John Hull, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Gall Bladder with metastasis to — Interval between onset and death: 6 mo +

Antecedent cause(s) DUE TO liver & lung
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

153X

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 9 Feb 52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Gall Bladder & Liver (Biopsy Taken)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) N

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1951, to 21 Apr. 1952, that I last saw the deceased alive on 17 Apr. 1952, and that death occurred at 9.30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: F F Lusby M.D. 230 N Potomac — DATE SIGNED: 22 Apr 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-24-1952 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Apr. 24, 1952 — REGISTRAR'S SIGNATURE: Elizabeth Bowers

24. FUNERAL DIRECTOR ADDRESS: C. H. Suter & Sons, Hagerstown, Maryland

RECEIVED
APR 28 1952
BUREAU M. E.

26

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LENA - RURAL
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WASH MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LENA - RURAL
STREET ADDRESS (If rural, give location) BOONSBORO MD. R.2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CLARA - ESTELLA - SWOPE

4. DATE OF DEATH (Month) (Day) (Year): APRIL - 2 - 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: AUGUST-13-1870

9. AGE last birthday: 81-7-19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID SNYDER

14. MOTHER'S MAIDEN NAME: ELIZABETH ROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: DAVID R. SWOPE BOONSBORO MD. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic heart disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: April 1-52

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1951, to April 2, 1952, that I last saw the deceased alive on April 2, 1952, and that death occurred at 1:10 P.m., from the causes and on the date stated above.

SIGNATURE: Sidney Novenstein (Degree or title) MD ADDRESS: Fredericksburg Md DATE SIGNED: 4/2/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: APRIL-5-1952

NAME OF CEMETERY OR CREMATORY: BEAVER CREEK CEMETERY

LOCATION (City, town, or county) (State): BEAVER CREEK MD.

DATE REC'D BY LOCAL REG.: APRIL-4-1952

REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS ADDRESS: BOONSBORO MD.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 7 1952
BUREAU V. S.

145

04627

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cumberland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
STREET ADDRESS (If rural, give location) Cumberland Rd

3. NAME OF DECEASED (Type or Print): (First) Nelson — (Middle) Lee — (Last) Ward
4. DATE OF DEATH: (Month) April — (Day) 16 — (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 6/26/1917
9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft Md.
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William J. Ward
14. MOTHER'S MAIDEN NAME: Corinne Hursh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-12-7645
17. INFORMANT: Mrs. Irma K. Ward (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Vegetative endocarditis (aortic valve)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac hypertrophy	
	(c) Myocardial infarct	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☑, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: L Robert Wells M.D. — (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. — ADDRESS 115 N. Potomac St. Hagerstown, Md. — DATE SIGNED 4/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4/19/52 — NAME OF CEMETERY OR CREMATORY St. Pauls — LOCATION (City, town, or county) (State) Clear Spring

DATE REC'D BY LOCAL REG. April 19-52 — REGISTRAR'S SIGNATURE Josephine W. Murray Local — 24. FUNERAL DIRECTOR Adrian H. Rowland — ADDRESS Clear Spring, Md.

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APR 23 1963
BUREAU OF S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Maryland
STREET ADDRESS (If rural, give location) Sharpsburg Maryland

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ena	Ella	Welch	April	22	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Sept. 8 1886	65 yrs.		19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Downsville Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Dorsey	Sarah Dorner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No No	None	Omer Welch Sharpsburg Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute embolic occlusion of Rt. Popliteal artery with early gangrene	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho-pneumonia	3 days
(c) Arteriosclerotic cardio-vascular-renal disease	3 Yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus,	5 years.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20/52 19..... to 4/22/52 19....., that I last saw the deceased alive on 4/22/52 19....., and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE Walter H. Shearer (Degree or title) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED 4/24/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 25 1952	Mt. View Cemetery	Sharpsburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Apr. 25 1952	Ethel Bowers	Albert L. Leaf Williamsport Md.

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 .29

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leitersburg
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) Hagerstown Rt. 5

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Elizebeth (Last) Werking
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 19 52
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: April 19, 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Leitersburg Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Abram Fox
14. MOTHER'S MAIDEN NAME: Kate Miner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT & ADDRESS: Albert N. Werking Rt. 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis — 8 years
DUE TO
422.2
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis — Years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 1944, to 4-29-, 1952, that I last saw the deceased alive on Apr. 27, 1952, and that death occurred at 7:45 A.m., from the causes and on the date stated above.
SIGNATURE Ra. Bell (DEGREE OR TITLE) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED 4-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 2, 1952
NAME OF CEMETERY OR CREMATORY Funkstown
LOCATION (City, town, or county) (State) Funkstown Md.
DATE REC'D BY LOCAL REG. Apr. 30, 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 335 S. Mulberry St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 335 S. Mulberry St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Blair (Last) Werst

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 16-1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: Grants

11. BIRTHPLACE (State or foreign country): Hagerstown Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Levi Werst

14. MOTHER'S MAIDEN NAME: Rachel Hetlinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-8005

17. INFORMANT AND ADDRESS: Richard T. Werst Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) arterio sclerotic myocardial heart disease — 6 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chr. glomerular nephritis — 4 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy — 2 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

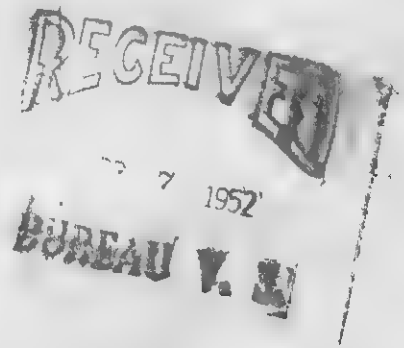
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1951, to 4-2, 1952, that I last saw the deceased alive on 4-1, 1952, and that death occurred at 8:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
E. Robert Wells M.D. — 115 N. Potomac St. — April 4 '52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-5-52 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Apr. 4, 1952 | REGISTRAR'S SIGNATURE Edward T. Bowers | 24. FUNERAL DIRECTOR — ADDRESS
Rest Haven Funeral Chapel — Hagerstown Md.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1952
BUREAU V. S.

31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Smithburg — LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Smithburg RD# 2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Smithburg
STREET ADDRESS (If rural, give location): Smithburg RD# 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ANNIE L WILLIAMS
4. DATE OF DEATH (Month) (Day) (Year): April 29 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12/12/1878
9. AGE last birthday: 73 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wolfville md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Dard Witmer
14. MOTHER'S MAIDEN NAME: Lydia Faulder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Ralph Williams Smithburg RD 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma (Colon Ascending) — ??

153X Antecedent cause(s) —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1950, to 4-29, 1952, that I last saw the deceased alive on 4-29, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C W Lindeman M.D — ADDRESS: Waynesboro Pa — DATE SIGNED: 5-1-52

23. BURIAL, CREMATION REMOVAL (Specify): B — DATE: May 3/1952 — NAME OF CEMETERY OR CREMATORY: Mt Pleasant — LOCATION (City, town, or county) (State): near Smithburg md

DATE REC'D BY LOCAL REG'D: May 2-52 — REGISTRAR'S SIGNATURE: Geo. W. Ferguson
24. FUNERAL DIRECTOR: A. E. Minnich — ADDRESS: Greencastle Pa

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5. 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

44632

CERTIFICATE OF DEATH

Reg. Dist. No. 362

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 Fairground Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 11 Fairground Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Lottie	Nichols	Wilson	Apr.	5	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	1-31-1896	56 yrs.	2	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Lime Kiln, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Luther Feaga	Bertie Baer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	NONE	N. George Wilson, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary artiriosclerotic Heart Disease	6 yrs
428.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Diabetes Mellitus	6 yrs
(260X)	DUE TO (c) Arteriosclerosis, Generalized w/ Cerebral	10 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 19 47, to 4-5, 19 52, that I last saw the deceased alive on 4-5, 19 52, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Dalton M Wilt	M.D.	Hagerstown Md	4-7-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-7-1952	Rest Haven Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 7 1952	Chas H Boward	C. M. Suter & Sons, Hagerstown, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-5 5-51

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APR 10 1952
BUREAU V. S.

04633

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville
STREET ADDRESS (If rural, give location) Main

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Nihisen (Last) Wyand
4. DATE OF DEATH (Month) April (Day) 11 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 24, 1901
9. AGE last birthday 50 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assist. Cashier
10b. KIND OF BUSINESS OR INDUSTRY Citizen Bank
11. BIRTHPLACE (State or foreign country) Keedysville
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Emory E. Wyand
14. MOTHER'S MAIDEN NAME Susan M. Hoffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-07-5048
17. INFORMANT Mrs. Cecela Wyand--Keedysville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute coronary occlusion

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell dead while plowing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 4/12/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-14-52
NAME OF CEMETERY OR CREMATORY Fair-View
LOCATION (City, town, or county) (State) Keedysville Md.
DATE REC'D BY LOCAL REG. April 14 52
REGISTRAR'S SIGNATURE R. L. Feeling
24. FUNERAL DIRECTOR R. I. Earnshaw--Keedysville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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